

Exhibit A
**Inmate File of Kevin Neil Hartman, “Inmate
File,” Booking Sheet dated June 18, 2005**

#19

GENEVA COUNTY JAIL
BOOKING SHEETProbation Check ✓ negWarrant Book ✓Date 06/18/05 Time 7:15 P.M.
Name Hartman Kevin NEIL
(LAST) (FIRST) (MIDDLE)

Alias _____

Date of Arrest 06/18/05 Social Security No. _____
Race W Sex M Age 30 Eyes HAZ Hair RED
Ht. 5'-11" Wt. 170 DOB 1-31/72 Photo _____ F.P. _____
Address 765 Pera Rd. SAMSON CO.
(STREET) (APT.) (CITY) (STATE) (ZIP)

Telephone _____ I.D. No. _____

NCIC Check _____

Next of Kin _____ Relationship _____

Address _____
(STREET) (APT.) (CITY) (STATE) (ZIP)Charge POSS. CONT. SUBS. Bond 10 Charge _____ Bond _____
Charge UNLAW. MANIF. DISSE. Bond 10 Charge _____ Bond _____
Charge _____ Bond _____ Charge _____ Bond _____ARRESTING OFFICER Mock
(PLEASE PRINT)

Signature _____

AGENCY _____

BOOKING OFFICER Mark Jackson
(PLEASE PRINT)**RELEASE INFORMATION**

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released _____

Date of Release _____ Time _____ Type of Release _____

Signature of Releasing Officer _____

P.O.B. _____
OCCUPATION UNEMPLOYED
P.O.B. Winchester Virginia
BOLD _____WARRANT # 2005 000419.00
WARRANT # 2005 000418.00
WARRANT # _____
WARRANT # _____

BOOKING SHEET

Inmate Name Heartman Kevin, N Date 06/18/05 Time 7:30pm

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- | | |
|---|---|
| <input type="checkbox"/> a. Asthma | <input type="checkbox"/> g. Alcoholism |
| <input type="checkbox"/> b. Heart Trouble | <input checked="" type="checkbox"/> h. Mental Illness |
| <input type="checkbox"/> c. Hypertension | <input type="checkbox"/> i. Venereal Disease |
| <input type="checkbox"/> d. Diabetes | <input type="checkbox"/> j. Tuberculosis |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer |
| <input type="checkbox"/> f. Drug Addiction | <input type="checkbox"/> l. Faintly of recent head injury |
| | <input type="checkbox"/> m. Hepatitis |

If any response was yes, please explain and give date of last treatment. MENTAL, Seeing and hearing
THINGS. (ZANAX, CLORAPIN)
ALL OTHERS DO NOT APPLY. N/A

2. Are you allergic to anything? NO If yes, what? _____

3. Have you ever been determined to be HIV positive? NO If yes, when? _____

4. Are you currently taking any prescription medication? NO If yes, what? _____

For what? _____

5. Does the inmate require a special diet prescribed by a physician? NO If yes, what? _____

For what? _____

6. Do you have any other medical or mental problem we should know about? NO If yes, what? _____

BOOKING SHEET

Inmate Name Heertman Kevin N. Date 06/18/05 Time 7:30 pm

1. Check One:

☐ This inmate was cooperative in responding to the above questions and allowing me to observe him.

☐ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability:

2. I certify that I have today observed inmate Heertman Kevin, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

Mark Jackson
Signature of Booking Officer

Date: 06/18/05

Time: 7:30 pm -

GENEVA COUNTY JAIL

I, Heartman Kevin N., HAVE BEEN ADVISED BY
THE JAILER OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO SEARCH BY
AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR
CORRESPONDENCE WITH COURT OFFICIALS

x 
INMATE SIGNATURE

DATE 06/18/05


JAILERS SIGNATURE

DATE 06/18/05

Exhibit B
**Inmate File, Inmate Jail Property Issue and
Receipt Form**

GENEVA COUNTY JAIL

INMATE JAIL PROPERTY ISSUE AND RECEIPT FORM

NAME: Heartman Kevin R DATE: 06/18/05 TIME: 7:30
 Last First Middle

ITEMS ISSUED:CONDITION:

	Good	Fair
1. Mattress # <u>1</u>	<u>✓</u>	<u> </u>
2. Blanket # <u>1</u>	<u>✓</u>	<u> </u>
3. Pants # <u> </u> Size <u> </u>	<u> </u>	<u> </u>
4. Shirt # <u> </u> Size <u> </u>	<u> </u>	<u> </u>
5. Coveralls # <u> </u>	<u>✓</u>	<u> </u>
6. Towel # <u>1</u>	<u>✓</u>	<u> </u>
7. Washcloth # <u>1</u>	<u>✓</u>	<u> </u>
8. <u>Shoes</u> # <u> </u>	<u>✓</u>	<u> </u>
9. <u> </u> # <u> </u>	<u> </u>	<u> </u>
10. <u> </u> # <u> </u>	<u> </u>	<u> </u>
11. <u> </u> # <u> </u>	<u> </u>	<u> </u>
12. <u> </u> # <u> </u>	<u> </u>	<u> </u>

NOTICE TO INMATE: Defacing, destruction, altering, or the loss of the county property that you have been issued, will result in DISCIPLINARY and / or CRIMINAL action against you. All items will be returned to the jail officers in the same shape the items were in when you received them or you will be charged at the following rates:

Mattress \$50.00

Blanket \$10.00

Uniforms \$15.00

Towels \$3.00

Washcloth \$1.50

Failure to pay these charges for the items damaged and/or not returned WILL result in additional charges being filed against YOU!

Inmate signature: [Signature] Date: 06/18/05

Jail Officer's signature for all items turned in.

Signature: Date:

Exhibit C
Inmate File, Prisoner Activity Sheet

673-243

GENEVA COUNTY JAIL
Prisoner's Activity Sheet

Prisoner's Name: KEVIN HARTMAN

Subject ARRESTED By R. Mock For Poss Cont Sub and
unlawful MANIF Cont Sub.6-30-05 Subject had first appearance Bond
was already set.~~set~~ unlawful MANIF Cont Sub \$2,000.
Poss C/S 5,000.007-11-05 Called Spec for Cont. Nothing in General
of called Nathan, Nothing since 6-30-058-5-05 Poss C/S 2,500.00
MANIF 10,000.00

Exhibit D
Affidavit of Greg Ward

5. The Geneva County Sheriff's Department operates the Geneva County Jail pursuant to sound policies and procedures which ensure that the rights of all inmates incarcerated therein are respected. Members of the jail staff are trained both in house and at certified training programs and academies regarding all aspects of their jobs, including the administration of medical care to inmates.

6. It is the policy of the Geneva County Sheriff's Department that all inmates confined in the Geneva County Jail be entitled to a level of health care comparable to that available to the citizens in the surrounding community in order that the inmates' physical and emotional well-being may be maintained. All medical care rendered to inmates in the Geneva County Jail is delivered under the direction of a licensed health care practitioner. It is departmental policy that no member of the jail staff, or any other Sheriff's Department employee, may ever summarily or arbitrarily deny an inmate's reasonable request for medical services. All judgments regarding the necessity of medical treatment are left to a licensed health care practitioner.

7. It is the policy of the Geneva County Sheriff's Department that all inmates incarcerated in the Geneva County Jail be allowed to request health care services at any time. Requests of an emergency nature may be made either verbally or in writing, but all requests for non-emergency care from state or county inmates must be submitted in writing. Members of the jail staff are charged with the responsibility of accepting requests for medical treatment from inmates and taking appropriate action to see that those requests are dealt with in a prompt and appropriate manner. Inmates with non-emergency medical problems are taken to see Dr. O.D. Mitchum in Geneva, Alabama. Inmates who have an emergency medical problem are taken to the Emergency Room for treatment.

8. When a member of the jail staff receives a request for medical treatment from an inmate, it is his or her responsibility to turn that request form over to the responsibility of the on duty jailer or matron. It is then the on duty jailer or matron's responsibility to make an appointment for the inmate with an appropriate health care provider. Any doubt as to whether an actual need exists for medical treatment is resolved in favor of the inmate, with medical services being offered. All requests of an emergency nature are handled immediately.

9. It is the policy of the Geneva County Sheriff's Department that persons incarcerated in the Geneva County Jail be entitled to safe and accurate dispensation and administration of prescription and nonprescription medication. All medication prescribed for an inmate by a health care provider during the time of an inmate's incarceration is obtained by the Sheriff's Department and distributed according to the doctor's directions.

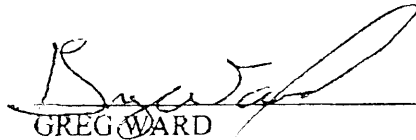
10. The Jailers at the Geneva County Jail have access to over-the-counter medication such as Tylenol, Ibuprofen, and Pepto-Bismol obtained from Geilstrap Drugs to distribute as needed to inmates.

11. I have had the opportunity to observe the Plaintiff throughout his incarceration at the Geneva County Jail.

12. At the time Plaintiff was booked into the Geneva County Jail, he was undergoing withdrawals from methamphetamine.

13. If the Plaintiff had been in need of medical care or treatment, he would have received treatment in accordance with the policy and procedures of the Geneva County Jail.

14. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


GREG WARD

SWORN TO and SUBSCRIBED before me this 11th day of October, 2005.

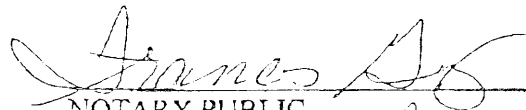

NOTARY PUBLIC
My Commission Expires: Sept 26, 2006

Exhibit E
Affidavit of Donald Weeks

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION

KEVIN NEIL HARTMAN,

Plaintiff,

V.

GENEVA COUNTY JAIL, et al.,

Defendants.

))))))))

Civil Action No. 1:05-cv-645-F

AFFIDAVIT OF DONALD WEEKS

STATE OF ALABAMA

COUNTY OF GENEVA

)
)
)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Donald Weeks, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Donald Weeks. I am over the age of nineteen and competent to make this affidavit.

2. I am a jailor at the Geneva County Jail and have been for 11 years. Before that I was assistant chief of police in Samson, Alabama for 8 years.

3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail. I have no personal knowledge of any of the specific allegations that form the basis of Plaintiff's Complaint.

4. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.

5. I have had the opportunity to observe the Plaintiff throughout his incarceration at the Geneva County Jail.

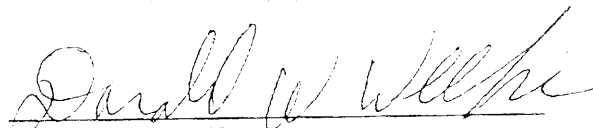
6. On June 28, 2005, Plaintiff complained that his head hurt. Therefore, Marilyn Ruppel gave him Tylenol or Ibuprofen.

7. The next day, the Plaintiff complained that his stomach hurt. Therefore, I gave the Plaintiff Pepto-Bismol. The Plaintiff did not complain that he was sick any more after that incident.

8. During this time period Plaintiff was undergoing withdrawals from methamphetamine.

9. If the Plaintiff had been in need of medical care or treatment, he would have received treatment in accordance with the policy and procedures of the Geneva County Jail.

10. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


DONALD WEEKS

SWORN TO and SUBSCRIBED before me this 10th day of October, 2005.

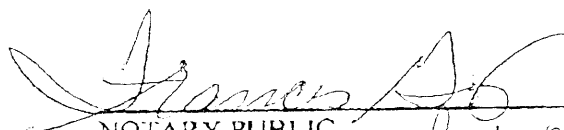

NOTARY PUBLIC
My Commission Expires: Sept 26, 2006

Exhibit F
Affidavit of Marilyn Ruppel

5. I do not remember the incident made the basis of Plaintiff's Complaint. However, it is my standard practice in accordance with the policy and procedure of the Geneva County Jail to give Tylenol or Ibuprofen to inmates who have an occasional headache.


6. During this time period Plaintiff was undergoing withdrawals from methamphetamine.

7. If the Plaintiff had been in need of medical care or treatment, he would have received treatment in accordance with the policies and procedures of the Geneva County Jail.

8. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


MARILYN RUPPEL

SWORN TO and SUBSCRIBED before me this 14th day of October, 2005.


NOTARY PUBLIC
My Commission Expires: Sept 20 2006